



FEE DETERMINATION  
O.I.P.E. CLASSIFIER  
FORMALITY REVIEW  
RESPONSE FORMALITY REVIEW

INITIALS

ID NO.

DATE

*1/18* *70891* *5/15*  
*Wesley 5-30*

# INDEX OF CLAIMS

✓ Rejected N  
= Allowed I  
- Canceled A  
(Through numeral) 0  
: Restricted

Non-elected  
Interference  
Appeal  
Objected

Claim	Date	Claim	Date	Claim	Date
Final	Original	Final	Original	Final	Original
1	101	51	101	101	
2	102	52	102	102	
3	103	53	103	103	
4	104	54	104	104	
5	105	55	105	105	
6	106	56	106	106	
7	107	57	107	107	
8	108	58	108	108	
9	109	59	109	109	
10	110	60	110	110	
11	111	61	111	111	
12	112	62	112	112	
13	113	63	113	113	
14	114	64	114	114	
15	115	65	115	115	
16	116	66	116	116	
17	117	67	117	117	
18	118	68	118	118	
19	119	69	119	119	
20	120	70	120	120	
21	121	71	121	121	
22	122	72	122	122	
23	123	73	123	123	
24	124	74	124	124	
25	125	75	125	125	
26	126	76	126	126	
27	127	77	127	127	
28	128	78	128	128	
29	129	79	129	129	
30	130	80	130	130	
31	131	81	131	131	
32	132	82	132	132	
33	133	83	133	133	
34	134	84	134	134	
35	135	85	135	135	
36	136	86	136	136	
37	137	87	137	137	
38	138	88	138	138	
39	139	89	139	139	
40	140	90	140	140	
41	141	91	141	141	
42	142	92	142	142	
43	143	93	143	143	
44	144	94	144	144	
45	145	95	145	145	
46	146	96	146	146	
47	147	97	147	147	
48	148	98	148	148	
49	149	99	149	149	
50	150	100	150	150	

If more than 150 claims or 10 actions  
staple additional sheet here

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